MONTHLY EXPENDITURE REPORT

THE CHECK WILL BE MADE OUT AND MAILED TO: YOUR ORGANIZATION: ADDRESS: PROJECT NUMBER:		UTAH HIGHWAY SAFETY OFFICE 5263 South Commerce Dr. (300 West), Suite 202 Salt Lake City, Utah 84107 (801) 293-2480 Fax: (801) 293-2498				MONTHLY PROJECT COST REPORT MONTH OF YEAR REPORT PREPARED BY PHONE			
(AS APPEARS ON PROJECT APPLICATION)		<u> </u>							
SIGNATURE OF FINANCIAL OFFICER:		DATE:		SIGNATURE OF PROJECT DIRECTOR:		DATE:			
BREAKDOWN OF COSTS:	SOURCES OF FUNDS			BREAKDOWN OF HIGHWAY SAFETY FUNDS (Column 1) - TYPE OF EXPENSE					
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
	HIGHWAY SAFETY OFFICE	YOUR CONTRIBUTION (IN-KIND)	TOTAL PROJECT FUNDING Total Columns (1-2)	SALARY AND BENEFITS	CONTRACTUAL SERVICES (WITH OTHER AGENCIES)	EQUIPMENT	TRAVEL	SUPPLIES/ OPERATING (INCENTIVES)	HIGHWAY SAFETY EXPENSES Total Columns (4-8)
	\$	\$	\$	\$	\$	S	\$	\$	\$
A. TOTAL SPENT THIS MONTH									
B. CUMULATIVE SPENT AT THE BEGINNING OF MONTH					_				
C. CUMULATIVE SPENT AT THE END OF MONTH (A PLUS B)									
D. OVERALL BUDGET (TOTAL AMOUNT OF GRANT)									
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